


Idaho Department of Correction  	<b>Standard Operating Procedure</b>	Title: <b>Therapeutic Community</b>		Page: 1 of 24
		Control Number: <b>607.26.01.011</b>	Version: <b>4.0</b>	Adopted: 12-30-2005

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Revision History
Revision date (04/16/2014) version 3.0: Administrative change to delete hyperlink to Program Exception Request Form as it is no longer online, updated header, delete definition section as there are no definitions, and add revision history section.
Revision date (02/02/2015) version 4.0: In section titled " <b>TC Staff Member Roles</b> ", removed reference to IDOC Performance Management SOP.

## BOARD OF CORRECTION IDAPA RULE NUMBER 607

Public Participation in Program Activities

## POLICY CONTROL NUMBER 607

Correctional Education and Programs

## PURPOSE

The purpose of the standard operating procedure (SOP) is to provide standardization for Idaho Department of Correction (IDOC) therapeutic community (TC) practices to include the selection criteria for TC participants.

## SCOPE

This SOP applies to (1) all offenders who participate in IDOC and private prison TCs, and (2) all staff members working in TC units.

## RESPONSIBILITY

### ***Chief of the Division of Education and Treatment***

The chief of the Division of Education and Treatment is responsible for:

- Overseeing TC standardization in all IDOC correctional facilities;
- Approving TC participant and staff handbooks for each TC program; and

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- Designating a placement coordinator.

### ***Facility Heads***

Facility heads who manage facilities that have TC programs are responsible for:

- Implementing this SOP and ensuring that staff members practice the provisions provided herein; and
- Designating a TC program manager to manage the facility's TC program.

### ***TC Program Managers***

TC program managers are responsible for:

- Developing TC participant and staff handbooks that define the specific values and procedures described herein;
- Facilitating oversight and function of the facility's TC program;
- Collaborating with other TC programs in the state; and
- Attendance (or participation in teleconferences) for scheduled monthly meetings.

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## GENERAL REQUIREMENTS

### 1. Introduction

TC programs are designed and structured to create an environment for social learning (see [section 3](#)) and change. The TC is an environment that provides a residential, 24-hour per day, seven (7) days a week, intensive learning experience in which TC participant's behaviors, attitudes, values, and emotions are continually monitored, and corrected or reinforced as a part of the daily regime. The role of TCs is to re-socialize TC participants according to positive values and right living (see [section 3](#)) lifestyles.

A critical clinical element of the TC is the peer community itself. According to the positive values and principles established and taught by the TC, peers confront inappropriate behavior and support appropriate behavior amongst each other. In contrast to traditional programs, which rely on individual or group counseling sessions, the powerful agent of change in a TC is the TC participants and the social learning (see [section 3](#)) process.

In the TC, the primary function of staff members is that of role models for change, guides for recovery, and managers of the TC process.

### 2. Core Programs

IDOC core programs shall be approved in accordance with directive [607.26.01.001](#), *Program Standards Committee, Development and Evaluation*. Staff members or contractors who deliver core programs shall be trained by a professional in the program they deliver. Core programs delivered to all TC participants include Relapse Prevention and Idaho model Cognitive Self-change (CSC). Case managers shall decide all additional program placements based on the TC participant's individual needs.

In addition, each TC participant shall be given a choice of support groups to attend. The choices are:

- 12-steps of Alcoholics/Narcotics Anonymous;
- White Bison;
- Alternative support group based on the book *Beat Your Own Addiction, 2nd Edition: A Complete Program for Overcoming Any Addiction*; and
- Smart Recovery.

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### 3. TC Program Structure and Operational Expectations

The TC team includes all staff members working in the TC environment. The TC treatment staff includes psychosocial rehabilitation specialists, drug and alcohol rehabilitation specialists (DARS), clinicians, human service supervisors, TC program managers, and uniformed staff that deliver direct services in the TC.

Facility administrators shall continually support and reinforce TC right living, social learning, TC staff roles, and TC phases. TCs shall be provided with:

- Adequate space for programming;
- A housing area separated from the general population; and
- The scheduling of meal times, visiting, recreation, medical, etc. to avoid contamination from nonparticipating offenders.

**Note:** Nonparticipating offenders shall not be housed in the TC program's living environment.

The Division of Education and Treatment shall have management oversight in monitoring quality assurance, appropriate clinical approaches, and the facility's compliance with this SOP. TC programs shall maintain information needed for process or outcome evaluations as defined by the division.

#### ***TC Participant and Staff Manual***

Daily activities, program philosophy, individual responsibilities, lines of communication, and expected behaviors are vital components of all therapeutic communities.

The TC program manager (or designee) shall be assigned the responsibility of keeping the manuals current and ensuring updates are disseminated. Forms and content shall be approved by the deputy chief of the Division of Education and Treatment (or designee).

TC programs shall maintain the following written documents:

- A TC staff manual that includes relevant information that TC staff members need to operate a TC consistently (e.g., how to facilitate groups, when to apply tools). All TC staff members shall receive a copy of the manual.
- A TC participant orientation manual that contains critical information new TC participants need to know about the TC, including rules and general operations. Offenders shall receive a copy at the 'initial interview' (intake).

**Note:** The TC staff manual and TC participant orientation manual are facility specific and may be known by other titles.

The TC treatment staff, under the direction of the TC program manager (or designee), shall be responsible for developing TC participant and staff handbooks that include the following elements:

- Right living,
- Social learning,
- TC staff member roles, and
- TC phases.

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These elements constitute the structure and basic operations of a TC. The social organization of the TC and its systems constitute an environment of promoting social learning. Residents operate the TC under the supervision of the TC treatment staff.

## Right Living

TCs shall develop a model of right living that (1) defines the appropriate way of behaving and interacting with others, and (2) clearly contrasts with the counter-productive attitudes and behavior TC participants have practiced thus far. All of the elements that create the TC culture strive to teach and instill principles of right living. Right living is a concept that refers to the lifestyle goal of the environment.

- **Philosophy:** Each TC shall develop a written mission and philosophy statement that addresses the beliefs, attitude, and purpose of the TC.
- **Values:** Each TC shall identify, document, continuously articulate, and infuse into its activities the attitudes and behaviors that support the purpose of the TC. The values shall constantly guide TC participant attitudes and behaviors in all situations.
- **Principles:** Each TC shall identify and document the methods for putting values into practice.
- **Organization and Responsibilities:** Each TC participant shall have a job responsibility and serve on work crews within the TC, in addition to any normal prison jobs. Jobs shall be based more on role modeling the values of the program, rather than the ability to perform.
  - Each TC shall have and display a *Therapeutic Community Line of Communication* (see appendix 1). The *Therapeutic Community Line of Communication* is a standard TC practice and is based on job functions. It outlines and describes the TC organizational structure and is displayed on a structure board. Each level in the *Therapeutic Community Line of Communication* carries greater job and TC responsibility. Job assignments are based on modeling the values of the program, rather than on a TC participant's ability to perform the job tasks. As TC participants progress, they are expected to act as a proper role model. Demotion or lateral movement will challenge TC participants to learn.

**Note:** The organizational structure listed in *Therapeutic Community Line of Communication* and job functions listed in *Therapeutic Community Job Functions* (appendix 2) are typical of most TC programs. However, the size of the TC and the physical layout of each TC affect how the job functions are used. For example, a large TC that includes grounds might need a yard coordinator and yard crew. If the TC were self-contained, it might have a kitchen coordinator and a kitchen crew. Additional job functions can be created to meet the needs of a particular TC. In a small TC, job functions may be combined so that one (1) person has two (2) or more coordinator roles, and individuals might have more than one (1) crew responsibility.

- Each TC shall operate by cardinal, major, and house rules, as described below. The rules are guidelines that help TC participants stay within the boundaries of the concept of right living.

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- **Cardinal** rules ensure the safety and integrity of the TC. Any violation of a cardinal rule shall be immediately brought to the attention of a TC staff member. The violation of any cardinal rule shall result in severe consequences in accordance with SOP [318.02.01.001](#), *Disciplinary Procedures: Offender*.
- **Major** rules reflect the values and social skills basic to the TC. Major rules help define right living. The violation of any major rule requires a response from the TC community.
- **House** rules define appropriate social behavior, etiquette, and concern for others, to include how TC participants and TC staff members are addressed, greetings, and living condition standards. The violation of any house rule requires a response from the TC community.
- **Fellowship:** TC programs shall create fellowship that forms a mutually supportive TC environment where TC participants experience camaraderie and a sense of self-worth.
- **Continual Teaching:** Elements of right living shall be taught directly in the TC, role modeled by TC staff members, and infused into all TC activities. TC learning experiences, projects, and all personal interactions shall be continually related to the concept of right living.

### Social Learning

The social learning goals are pro-social values, attitudes, beliefs, and behavioral standards. Learning occurs through trial and error learning and peer confrontation. Learning is further reinforced by (1) immediate consequences deterring negative behavior or attitudes, and (2) supporting positive behavior or attitudes.

- The *Therapeutic Community Job Functions* (appendix 2) are organized by tasks and responsibilities required for a functional TC and to ensure all TC participants have a role in its operation. Work assignments are arranged in a hierarchy (see appendix 1). New TC participants usually begin at the bottom and perform the less desirable jobs. Seniority, individual process, productivity, and, modeling of values taught may determine upward mobility.
- TC shall begin every day with a morning development meeting (AMD) to bring TC participants together, organize the day ahead, and motivate TC participants with a positive beginning. Activities shall be designed to include all TC participants, and at various times provide the opportunity for each to appear in front of the TC community to lead activities. This should instill confidence, break down fears, and develop trust and camaraderie. The AMD shall be facilitated by the senior coordinator and monitored by TC treatment staff.
- The TC shall end each day with an evening development meeting (PMD). The purpose of the PMD is to bring closure to the day, update the TC community on daily events and changes, acknowledge responsibility, and review learning experience assignments and behavior contracts. The TC community shall retire for the night with significant loose ends resolved. The PMD shall be facilitated by the senior coordinator and monitored by TC treatment staff.

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- TC programs shall operate process or peer support groups to help TC participants deal with individual issues that may arise in the course of the TC.
- TC programs shall operate house meetings (as needed) to allow TC participants and TC treatment staff to address areas of TC community dysfunction or significant issues facing the TC community.
- TC programs shall provide opportunities for TC participants to experience uplifting group activities, such as games, songs, art work, and other creative pursuits.
- Peers who clearly practice and model positive attitudes and behaviors shall be valued in the TC as credible role models. These TC participants have reached and demonstrated mastery in the change and learning process. Each TC shall ensure that TC participants assigned to senior positions in the *Therapeutic Community Line of Communication* (see appendix 1) are consistently demonstrating high standards of right living (see the subsections above titled [Right Living](#)).
- **Trial and Error Learning:** Trial and error learning occurs when TC participants take risks and perform new and unfamiliar behaviors in the TC. Each TC shall ensure a safe supportive environment where inappropriate behaviors can be identified and pro-social solutions implemented. The TC participant's comfort level with experimentation with unfamiliar pro-social solutions is the essence of trial and error learning.
- **Peer Confrontation:** Confrontation is the process of peer feedback on attitudes and behaviors, and is critical in the TC. The confrontation tools that are consistent in the TC program are pull-ups, push-ups, learning experiences, confrontation/encounter groups, therapeutic peer reprimands, and behavior contracts. Some examples of the confrontation process are noted below.

**Note:** Any use of confrontation tools shall be based on the concept of responsible concern (i.e., write up's and learning experiences that reflect the intent to teach, not punish) for the positive growth of the individual receiving feedback, always embracing the principles and values of right living (see the subsections above titled [Right Living](#)).

- **Pull-ups** are socially constructive, assertive ways to confront negative behavior and attitudes among TC participants. Verbal pull-ups are used when immediate, milder feedback is needed. Written pull-ups are a documented way of notifying the TC of inappropriate behaviors. The written pull-up is submitted through the established *Therapeutic Community Line of Communication* (appendix 1) to TC treatment staff.
- **Push-ups** are feedback to acknowledge positive attitudes and behaviors among TC participants, used as reinforcement.
- **Confrontation/Encounter Groups** allow the entire TC to express concerns to individuals about their behavior or attitudes. TC treatment staff shall be present at confrontation groups.
- **Therapeutic Peer Reprimand (TPR)** is a highly confrontational tool that shall only be authorized and directly observed by TC treatment staff and



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used when necessary to address a pattern of serious rule violations or behaviors.

- **Behavioral Contracts** are agreements between the TC and a TC participant on changes that shall be made to continue to be a part of the TC. Breaking a contract, or continuing the behavior or attitudes described in the contract shall be grounds for removal from the TC. Behavioral contracts are typically for a minimum of 30 days, with review to extend to 60 days. No phase change shall be allowed during the time a TC participant is on a behavior contract. Behavior contracts specify the following:
  - The unacceptable behaviors or attitudes;
  - That expulsion shall be the consequence should the behavior or attitude repeat;
  - A new appropriate behavior or attitude to replace the inappropriate behavior or attitude;
  - A time to review the TC participant's progress to determine if the contract has been completed;
- **Consequences** in a TC shall fall into three (3) categories: rewards, punishers, and learning experiences. TC programs shall incorporate a system of rewards, punishers, and learning experiences that promote pro-social behavior and attitudes. Consequences in TCs shall not supersede IDOC disciplinary policies.
  - **Rewards** are desirable reinforcements that encourage continuation of pro-social behaviors and attitudes.
  - **Punishers** extinguish undesirable behavior and attitudes. Punishers shall be linked specifically to the undesirable or inappropriate behavior displayed. Additionally, punishers need to be proportionate to the level of experience the TC participant has had in the program.
  - **Learning Experiences** are assigned to teach and practice new, pro-social attitudes and behaviors. Learning experiences are therapeutic in nature and are not designed as punitive.

**Note:** Additional peer confrontational techniques/tools shall be specifically delineated in the TC staff manual. TC-wide confrontation techniques/tools shall also be specifically delineated in the TC staff manual.

**Note:** If an offender violates the rules of offender conduct established in SOP [318.02.01.001](#), *Disciplinary Procedures: Offender*, TC staff shall take action in accordance with SOP [318.02.01.001](#) and the TC processes established in this SOP.

### TC Staff Member Roles

The primary responsibility of TC staff members is to define and protect the TC and its practice of right living (see the subsections above titled [Right Living](#)). TC staff members are responsible for (1) setting standards of appropriate attitude and behavior, and (2) teaching those standards didactically and as role models. When properly conducted, the



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responsibility for teaching should naturally be shared by TC staff members and credible role modeling TC participants.

- All TC staff members shall role model right living (see the subsections above titled [Right Living](#)) for the TC and each other, constantly scrutinizing themselves and their TC team members, and confronting each other as necessary to bring attention to ineffective role modeling.
- TC staff members shall possess the competencies listed on appendix 3, *Therapeutic Community Staff Competencies*. TC staff members are evaluated annually by the TC program manager (or designee) in accordance with SOP [227.07.01.001](#), *Performance Management*.

**Note:** TC staff members who rate below satisfactory, in any competency, shall be required to complete a skilled development plan (see directive [607.26.01.006](#), *Clinical Supervision*.)

- Minimally, TC program shall be staffed with multi-disciplinary teams including social workers, case management counselors, and correctional officers. Support staff may be added as needed. All workers, counselors, officers, and staff shall work as critical members of an interdependent team, with supportive roles within the TC. Oversight responsibilities shall be delegated to the TC program manager (or designee) who is responsible for the entire operation of the program.
- TC staff members (to include uniformed staff) shall be specially selected for assignment to TC units based on their ability to model right living (see the subsections above titled [Right Living](#)), to work as a TC team member, and to support the social learning process (see the subsections above titled [Social Learning](#)).
- Facilities shall clearly delineate the special role for uniformed staff in unit post orders.
- Uniformed staff with appropriate training (e.g., education and treatment staff, clinicians, etc. who have frequent contact with TC participants) are encouraged to attend training and may serve in non-traditional roles as directed by the TC program manager (or designee), such as delivering didactic programming, or leading TC meetings.
- TC staffing ratios generally range from 16 to 20 TC participants per TC treatment staff member. The TC participants to TC treatment staff member ratio shall be no more than 20 TC participants to one (1) TC treatment staff member.
- All TC staff members shall successfully complete 40 hours of TC building training.
- All TC staff members are encouraged to participate in ongoing training for professional development including, but not limited to, cross-discipline team building, skill building, cultural diversity, etc.

### TC Phases

The change process for the TC program involves at a minimum three (3) primary phases.

**Note:** The three (3) primary phases do not include the 'initial interview' (intake).

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The length of each phase depends on the total length of the TC program design, the maturity of the TC, and on each individual's learning progression. All TC programs shall be designed to involve the three (3) phases described in this section, although the time and task in each phase may vary by facility and target population. Movement among program phases is 'competency' based rather than 'time in the program' based.

- Each TC shall have written criteria for phase progression specifically delineating attitudes, skills, and knowledge competencies that shall be achieved.
- Each TC shall maintain a current phase tracking system to show which TC participants are in what phases, when they enter the phase, and when they progress from the phase.
- TC staff members may extend, set back, or remove a TC participant after staffing a phase change. Extensions shall not exceed a total of more than 12 months of programming time.
- Based on the assessment of needs, the multi-disciplinary treatment team shall develop an individualized treatment plan that mirrors phase change requirements by specifically delineating attitudes, skills, and knowledge competencies that shall be achieved. TC participants shall progress through TC phases based on achieved competencies. Treatment plans shall be reviewed at least once every 90 days by the TC program manager (or designee).
- TC treatment staff, along with TC participant input, shall provide for the addition and/or revision of treatment plans based on new information and/or the TC participant's progress in the TC. Decisions not to address certain needs shall be justified in the treatment record and approved by the TC program manager (or designee).
- The **initial interview (intake)** is one (1) of the TC's most important processes. It is the TC's first contact with the prospective residents and their first contact with what the TC does, who the TC is, and in many instances, who they themselves are.
  - The **goals** of the interview are:
    - To break down the prospects' denial/delusions;
    - To cause them to examine and accept their true motives for their past actions;
    - To look at themselves and see what they are really doing;
    - To create peer binding;
    - To show unity of TC staff members and TC participants;
    - To establish identification;
    - To cause the residents to see themselves as they truly are; and
    - To make an investment to the TC.
  - The **purpose** of the interview is for the prospect to:
    - Accept the problem: The prospect shall verbally acknowledge the problem with some level of sincerity.

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- Define current values system: The prospect resident shall verbally acknowledge the anti-social acts (stealing, dishonesty, drug or alcohol use, and crime) have been the most important thing in their life.
- Embrace the reality of who they are: Who are they honestly? Where do they come from? What is the consequence of their actions to others?
- Determine how to fix the problem: Acknowledge what they have done in the past to solve their problem (and how it obviously has not worked); see that others have been there and can make it through the TC.
- Be embraced by the facility: They shall be welcomed and shown the initial sign of support by the residents.
- Understand the cardinal rules (see the subsection above titled [Right Living](#)) and the consequences for violating them: Review the cardinal rules, discuss confrontation with slips, and get an agreement to adhere to these.
- Receive a job function: They are typically placed on the service crew.
- The **phases** are as follows:
  - **Probation: (phase length = one [1] month)**
    - In the probation phase, screening and assessment occur. Through probation, new TC participants receive an overview of the program, expectations, and benefits. During the probation period TC participants perform TC practices, learn through trial and error, and strive towards compliance and competency. During the probation phase the TC principles, values, and rules shall be repeatedly instilled.
    - The following conditions are imposed during the probation period:
      - ◆ To help TC participants focus on the principles, values, and rules of the program, they are placed in a blackout period for the first 30 days. Blackout means that TC participants cannot have visitors or telephone calls; however, they shall be allowed one (1) telephone call at the beginning of the probationary period to inform their family of the blackout.
      - ◆ TC participants shall not be allowed to have visits during the probation period. The TC program manager (or designee) shall approve special visits or telephone calls on a case-by-case basis.
      - ◆ TC participants shall only be allowed to order hygiene items from the commissary. Items other than hygiene shall be approved through the TC program manager (or designee).
      - ◆ Television is considered a reward and each institution shall decide the proper use of that reward.

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- ◆ TC participants are only allowed to read program and religious materials.

— **Treatment: (phase length = five [5] months)**

- TC participants enter the treatment phase after resolving to comply with TC expectations and develop more social competency. During the treatment phase, TC participants receive the opportunity to repeatedly practice new behaviors based on new values and principles for internalization to replace surface compliance. TC participants need to have appropriate levels of responsibility along with consistent correction and confrontation to prevent slipping into familiar behaviors. This represents the most time-consuming phase in a TC.
- At midpoint (five [5] months), TC treatment staff shall perform an extensive midpoint review to assess a TC participant's progress, behavior in the program, and remaining needs to be met in the program or after release. The midpoint review determines (1) whether a TC participant needs more time in the TC to meet treatment goals, (2) whether the TC participant will complete the program successfully based upon a history of behavior or attitudes, or (3) a final tentative graduation date.

— **Transition/Reentry: (phase length = three [3] months)**

- During the transition/reentry phase, TC participants focus on how to apply their new lifestyle tools in the outside world. Emphasis is placed on the values of maintaining peer support, relapse prevention, renunciation with family and friends, and living skills. All TCs shall run prerelease and peer support groups in this phase.

#### 4. Inclusion/Exclusion Criteria

Generally, case managers at the Receiving Diagnostic Unit (RDU) will identify offenders who are suitable for TC placement in accordance with SOP [607.26.01.004](#), *Case Planning for Offenders* (also see SOP [607.26.01.010](#), *Offender Assessment*). Inclusion/exclusion criteria are established to increase the success of the program. Research has shown that placing low-risk offenders in intensive programs increases their risk of recidivism. Therefore, offenders scoring below the level of service inventory-revised (LSI-R) and Texas Christian University (TCU) Drug Screen cut-off levels shall not be placed in a TC program. In addition, research has shown that the IDOC TC program is most effective with those offenders scoring within the inclusion criteria established in this SOP.

##### ***Inclusion Criteria***

###### **LSI-R**

- A composite score between 27-39
- Score a .40 or higher in the substance abuse domain
- Score .40 or higher in two (2) of the following domains:
  - Attitudes/orientation,

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- Criminal history, or
- Criminal companions.

### **Substance Abuse**

Score 3.0 or higher on the TCU Drug Screen.

### **Time Requirements**

- Target offenders with six (6) to 12 months remaining before their parole hearing date (PHD). (**Note:** The TC program length is nine [9] to 12 months.)
- The offender shall have a minimum of 12 months remaining on his sentence when paroled in order to complete aftercare.

### **Literacy Level**

The offender shall have a sixth (6<sup>th</sup>) grade literacy level, or higher.

### **Readiness for Treatment**

The offender shall admit to having a substance abuse problem.

### **Adherence to Classification Matrix**

The offender shall meet the classification requirements of the facility where the TC is located.

### **Interstate Compacts**

Offenders who are interstate compacting (approved by their assigned case manager) are eligible to participate in the TC program if there is adequate aftercare in the receiving state. (See [section 8](#) for a definition of adequate aftercare. Also see SOP [704.04.02.001](#), *Interstate Compact Agreement*.)

## **Exclusion Criteria**

### **Disciplinary**

The offender shall not have any class 'A' disciplinary offense reports (DORs) within the previous three (3) months. (See SOP [318.02.01.001](#), *Disciplinary Procedures: Offender*.)

### **Interstate Compacts**

Offenders who wish to interstate compact (approved by their case manager), but the receiving location does not have adequate aftercare, are not eligible for the TC program. (See [section 8](#) for a definition of adequate aftercare. Also see SOP [704.04.02.001](#), *Interstate Compact Agreement*.)

### **Classification**

Offenders shall be classified in accordance with SOP [303.02.01.001](#), *Classification: Offender*.

### **TC Graduates**

Typically, TC graduates are not eligible for re-admittance. (**Note:** Only graduates from the TC programs 'Wolf' and 'Exodus' are eligible for re-admittance.)

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### **Sexual Offenses**

Offenders who have been convicted of a crime with regard to unlawful sexual behavior or criminal sexual intent, regardless of the final plea agreement. (See SOP [701.04.02.006](#), *Sex Offender Supervision Program and General Sex Offender Supervision Strategies*, for a definition of sex offender.)

### **Mental Health**

- Offenders must not be at current risk of suicide.
- Offenders must not be at current self-mutilating behavior.
- Offenders must not be actively psychotic.

**Note:** The admittance of offenders with mental health issues shall be decided on an individual basis based upon an assessment by a qualified mental health professional and by meeting the following criteria:

- The offender has had three (3) months stability on medications;
- The offender demonstrates an ability to participate in a group setting; and
- The offender is in compliance with hygiene and grooming standards.

### ***Program Exception Requests***

The deputy chief of the Division of Education and Treatment (or designee) shall approve the Program Exception Request Form prior to TC staff members acting on the recommendation.

Case Managers may recommend a program exception request for reasons that include, but are not limited to, the following:

- Placement into the TC program for offenders who do not meet the inclusion criteria. (See the subsection above titled [Inclusion Criteria](#).)
- Mental health, medical, or educational staff have determined that the offender is not capable of participating in the TC program.
- A recommendation made for an alternative pathway due to:
  - New information that has since made the offender ineligible for the program; and
  - TC treatment staff determining that a better-suited program pathway would address the offender's programming needs more sufficiently.

## **5. Enrollment**

Case managers at the RDU shall identify offenders who are suitable for TC placement according to the TC referral scale provided in SOP [607.26.01.004](#), *Case Planning for Offenders*.

### ***Enrollment Time Lines***

The quality control coordinator (QQC) (or designee) shall provide an Excel spreadsheet identifying offenders who meet the inclusion criteria and enrollment time lines (see [section 4](#)) for placement into the TC program.

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**Note:** Tabs on the spreadsheet are identified by institution. TC staff members use the tab that identifies their institution. Offenders are to be enrolled in the order of the list (top to bottom).

### ***List Enrollment Exceptions***

- Offender's who have previously failed the program are to be passed over until they reach their established reentry date.
- **Male** offenders shall not to be enrolled more than four (4) months prior to their PHD. (**Note: Female** offenders shall be place in a TC for six [6] months if they are going to a community work center [CWC] **or** for three [3] months if they are not.)
- Offenders with a tentative parole date (TPD) shall not be enrolled more than nine (9) months prior to their TPD.

## **6. Removal**

TC participants can be removed from a TC program due to:

- A cardinal rule violation (see [section 3](#));
- The inability to meet phase change criteria (see [section 3](#));
- Not following a behavior contract (see [section 3](#));
- Administrative or security concerns;
- Medical or education concerns; or
- A change in PHD.

The TC program manager (or designee) may require that specific program requirements be met before re-admittance. The wait times for re-admittance are as follows:

- Removal during the probation period = 30 days;
- Removal after probation and before the midpoint review = 60 days; and
- Removal at midpoint review and before completion = 90 days.

**Note:** Exceptions to the above re-admittance criteria can be made when the TC treatment staff design a specific plan the offender can follow to qualify for reentry. The plan shall be approved by the TC program manager (or designee).

Offenders reentering the TC Program shall begin at the beginning of the probation period of the TC Program, forfeit prior programming time, and follow phase time lines regardless of what point of participation they achieved prior to removal.

Offenders who are removed from the program for less than 30 days due to court hearings, medical, education, and/or administrative reasons shall be placed back into the TC program and resume programming at the point of which they were removed.

## **7. Refusal**

Any offender, at the initial interview (intake), who refuses enrollment into the TC program, **or** any TC participant who voluntarily leaves the TC program against TC staff member's advice, shall:



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- Be in violation of the program participation agreement;
- Wait 90 days for re-admittance (**Note:** The TC program manager (or designee) shall approve any exceptions.);
- Be documented as failing the TC program;

### ***Changing an Offender's Status to 'Refusal to Program'***

Only TC staff members are allowed to change an offender's status in the Corrections Integrated System (CIS), offender management plan (OMP) module, to 'refusal to program.'

General population case managers shall document (in the OMP module, C-notes, type of programming) the offender's intention to refuse enrollment at the initial interview (intake) but shall not change the offender's status in OMP to 'refusal to program.' (For complete guidance on how to process an offender's refusal to program, see [table 10-7](#).)

**Note:** An exception to the above is when the offender refuses to move to the identified facility where the TC program is located. Under that circumstance, the case managers shall change the offender's status in the OMP module to 'refusal to program' and document the reason why.

## **8. Aftercare**

Aftercare is provided in the local community, utilizing Division of Community Corrections supervision and therapeutic tools to include peer support group, CSC, and any ancillary programs to address presenting problems.

TC graduates can complete aftercare in Idaho or can interstate compact (see SOP [704.04.02.001](#), *Interstate Compact Agreement*) if approved by their case manager.

TC graduates paroling in Idaho shall participate in 12 months of gender-specific aftercare and any other local community-based IDOC-approved programs identified in their case plan.

**Note:** Only IDOC employees or contract providers trained in TC philosophy shall provide TC aftercare programming (see the IDOC's [Therapeutic Community Aftercare Manual](#) for the programming standards).

### ***Criteria for Adequate Aftercare in Other States***

The other state shall have or provide:

- Referrals to out-patient chemical treatment;
- Sober support that is monitored by the supervising agent;
- A weekly minimum of three (3) hours of assigned services that are reported to their supervising agent;

**Note:** The above must be provided for a minimum of 12 months.

## **9. Documentation**

A hard-copy TC program file shall be kept for each TC participant and stored for five (5) years. After five (5) years, documents in the file that required the participant's signature will be removed and filed electronically. The TC program file shall minimally consist of:

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- Appendixes 4 through 7 of this SOP;
- Copies of the TC Report C-notes obtained from the CIS, (see the note box below);
- Any required pre-post testing; and
- Other pertinent documentation that requires a signature to be on file as determined by the TC program manager (or designee).

**Note:** The following shall be charted in the CIS as a TC Report C-note:

- TC summaries, removal/refusal, successful completion;
- Monthly staffing of progress in program;
- Problems (medical, family, significant others, educational, DORs);
- Significant confrontations during the program;
- Any documentation sent to inner or outer agencies; and
- Release planning.

## 10. Process Steps

**Table 10-1: Initial Interview (Intake) Process Steps**

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
<b>Therapeutic Community (TC) Team</b>	<b>1</b>	Conduct an intake interview within 24 hours of the offender's arrival at the TC.
<b>TC Team</b>	<b>2</b>	<ul style="list-style-type: none"> <li>• If the offender agrees to TC programming, obtain his signature on appendix 4, <i>Therapeutic Community Participation Agreement</i>, and proceed to step 3.</li> <li>• If the offender does not agree to TC programming, proceed to step 6.</li> </ul>
TC Team	<b>3</b>	Explain the principles, values, and rules of the TC program.
TC Team	<b>4</b>	Explain the probation period.
TC Team	<b>5</b>	Allow the offender one (1) telephone call to explain the probation period to their family members.
TC Team	<b>6</b>	<p><b>Within three (3) working days, enter the Corrections Integrated System (CIS), and document the offender's entry into the TC program as a TC Report C-note.</b></p> <ul style="list-style-type: none"> <li>• If the offender agreed to TC programming, proceed to step 7.</li> <li>• If the offender did not agree to TC programming, proceed to table 10-7. The process ends here.</li> </ul>
TC Team	<b>7</b>	<b>Within three (3) working days, enter the CIS, the offender management plan (OMP) module, TC class section, and enroll the offender in the TC program.</b>

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<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
TC Team	8	<b>Within three (3) working days, enter the CIS, the OMP module, and enter/update the targeted completion date to reflect the tentative graduation date. (Note: The tentative graduation date shall be nine (9) months from entry date.)</b>

For further assistance with CIS, see your designated CIS super user.

**Table 10-2: Probation Summary Process Steps**

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
<b>Therapeutic Community (TC) Team</b>	<b>1</b>	After the first month in the TC program, consider input from all TC staff members, program facilitators, and as deemed appropriate by each TC, the other TC participants.
TC Team	2	Ensure the TC participant demonstrated the minimum criteria (knowledge, skills, and attitudes) for the probation phase.
TC Team	3	Determine whether the TC participant: <ul style="list-style-type: none"> <li>Completed the probation phase and has moved into the treatment phase;</li> <li>Did not complete the probation phase and probation was extended; or</li> <li>Did not complete the probation phase and was removed from the program.</li> </ul>
TC Team	4	Complete and submit appendix 5, <i>Therapeutic Community Summary</i> , to the TC program manager (or designee).
<b>TC Program Manager (or designee)</b>	<b>5</b>	Review, approve, or modify the <i>Therapeutic Community Summary</i> .
<b>TC Team</b>	<b>6</b>	<b>Within seven (7) working days, enter the Corrections Integrated System (CIS), and copy &amp; paste the <i>Therapeutic Community Summary</i> into the CIS as a TC Report C-note. (Note: Use the <i>Therapeutic Community Summary</i> format.)</b>
TC Team	7	Place the original copy of the <i>Therapeutic Community Summary</i> into the TC participant's file.
TC Team	8	<ul style="list-style-type: none"> <li>Place a copy of the <i>Therapeutic Community Summary</i> into the TC participant's file.</li> <li>Review the <i>Therapeutic Community Summary</i> with the TC participant.</li> </ul>

For further assistance with CIS, see your designated CIS super user.

**Table 10-3: Mid-point Summary Process Steps**

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
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<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
<b>Therapeutic Community (TC) Team</b>	<b>1</b>	Five (5) months in the TC program, consider input from all TC staff members, program facilitators, and as deemed appropriate by each TC, the other TC participants.
TC Team	<b>2</b>	Ensure the TC participant demonstrates the minimum criteria (knowledge, skills, and attitudes) for the midpoint phase.
TC Team	<b>3</b>	Determine whether the TC participant: <ul style="list-style-type: none"> <li>Completed the treatment phase and has moved into the transition/reentry phase;</li> <li>Did not complete the treatment phase and programming time was extended; or</li> <li>Did not complete the treatment phase and was removed from the program.</li> </ul>
TC Team	<b>4</b>	Set a tentative graduation date for completion of the TC program.
TC Team	<b>5</b>	Complete and submit appendix 5, <i>Therapeutic Community Summary</i> , to the TC program manager (or designee).
<b>TC Program Manager (or designee)</b>	<b>6</b>	Review, approve, or modify the <i>Therapeutic Community Summary</i> and tentative graduation date.
TC Team	<b>7</b>	<b>Within three (3) working days, enter the Corrections Integrated System (CIS), offender management plan (OMP) module, pathway goals section, and enter/update the targeted completion date to reflect the tentative graduation date.</b>
TC Team	<b>8</b>	<b>Within seven (7) working days, enter the CIS, and copy &amp; paste the <i>Therapeutic Community Summary</i> into the CIS as a TC Report C-note. (Note: Use the <i>Therapeutic Community Summary</i> format.)</b>
TC Team	<b>9</b>	Place the original copy of the <i>Therapeutic Community Summary</i> into the TC participant's file.
TC Team	<b>10</b>	<ul style="list-style-type: none"> <li>Place a copy of the <i>Therapeutic Community Summary</i> into the TC participant's file.</li> <li>Review the <i>Therapeutic Community Summary</i> with the TC participant.</li> </ul>

For further assistance with CIS, see your designated CIS super user.

**Table 10-4: Transition/Reentry Process Steps**

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
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<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
Therapeutic Community (TC) Team	<b>1</b>	Approximately four (4) weeks prior to the tentative graduation date: <ul style="list-style-type: none"> <li>• <b>Enter the Corrections Integrated System (CIS), offender management plan (OMP) module, <u>TC class section</u>, and enter an end date. (Note: Use the correct end date and exit type [e.g., completed].)</b></li> <li>• <b>Return to the OMP module, <u>TC transition class section</u>, and enroll the offender and note the tentative completion date as the tentative graduation date.</b></li> </ul>
TC Team	<b>2</b>	Forward the tentative graduation date information to the parole coordinator (or designee) by the end of the work week.

For further assistance with CIS, see your designated CIS super user.

**Table 10-5: Graduation Process Steps**

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
<b>Therapeutic Community (TC) Team</b>	<b>1</b>	Four (4) weeks prior to the tentative graduation date, complete the transition/reentry review.
TC Team	<b>2</b>	Consider input from all TC staff members, program facilitators, and as deemed appropriate by each TC, the other TC participants.
TC Team	<b>3</b>	Ensure the TC participant demonstrates the minimum criteria (knowledge, skills, and attitudes) for the transition/reentry phase.
TC Team	<b>4</b>	Determine whether the TC participant: <ul style="list-style-type: none"> <li>• Completed the transition/reentry phase and has graduated from the TC program;</li> <li>• Did not complete the transition/reentry phase and programming time was extended; or</li> <li>• Did not complete the transition/reentry phase and was removed from the program.</li> </ul>
TC Team	<b>5</b>	Complete and submit appendix 5, <i>Therapeutic Community Summary</i> , to the TC program manager (or designee).
<b>TC Program Manager (or designee)</b>	<b>6</b>	Review, approve, or modify the <i>Therapeutic Community Summary</i> .
TC Team	<b>7</b>	<b>Within seven (7) working days, enter the Corrections Integrated System (CIS), and copy &amp; paste the <i>Therapeutic Community Summary</i> into the CIS as a TC Report C-note. (Note: Use the <i>Therapeutic Community Summary</i> format.)</b>
TC Team	<b>8</b>	Place the original copy of the <i>Therapeutic Community Summary</i> into the TC participant's file.

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<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
TC Team	9	<ul style="list-style-type: none"> <li>Place a copy of the <i>Therapeutic Community Summary</i> into the TC participant's file.</li> <li>Review the <i>Therapeutic Community Summary</i> with the TC participant.</li> </ul>

For further assistance with CIS, see your designated CIS super user.

**Table 10-6: Paroling to the Local Community Process Steps**

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
Therapeutic Community (TC) Team	1	When the TC participant is paroled to the local community from the TC program on the firm release date set by the Commission of Pardons and Parole, proceed to step 2.
TC Team	2	<b>Within three (3) working days, enter the Corrections Integrated System (CIS), offender management plan (OMP) module, pathway goals section, and enter the correct discharge (e.g., successful completion). (Note: The actual completion date is the day the TC participant paroles from the TC program.)</b>
TC Team	3	<b>Within three (3) working days, enter the CIS, OMP module, TC class section, and enter an end date. (Note: Use the correct end date and exit type [e.g., completed].)</b>
TC Team	4	<p>Within three (3) working days, fax the following documents to the drug and alcohol rehabilitation specialist (DARS) in the paroling district:</p> <ul style="list-style-type: none"> <li>Appendix 6, <i>Therapeutic Community Relapse Prevention Plan</i>; and</li> <li><i>Cognitive Self-change (CSC) Self Risk Management Plan</i>.</li> </ul>

For further assistance with CIS, see your designated CIS super user.

**Table 10-7: Refusal Process Steps**

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
Therapeutic Community (TC) Team	1	<b>If at the initial interview (intake) the offender refused programming, enter the Corrections Integrated System (CIS), offender management plan (OMP) module, TC class section, and enter an end date. (Note: Use the correct discharge date and exit type [e.g., failed].)</b>

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<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
TC Team	2	Review with the offender the reason for refusal.
		<u>Note:</u> The TC Team may refer the offender to talk with other TC participants, <u>or</u> allow the offender a cooling off period until the next day, which will allow the offender an opportunity to reconsider. If the offender is offered the opportunity to talk with other TC participants but refuses, the offender will be restricted to his bunk for the cooling off period.
TC Team	3	<ul style="list-style-type: none"> <li>If the offender's desire is to proceed with refusal, have the offender review and sign appendix 7, <i>Therapeutic Community Program Refusal Form</i>. Proceed to step 4.</li> <li>If the offender's desire is to participate in program, return to table 10-1 to complete the initial interview steps. The process ends here.</li> </ul>
		<u>Note:</u> Obtain two (2) witness signatures on appendix 7.
TC Team	4	Complete and submit appendix 5, <i>Therapeutic Community Summary</i> , to the TC program manager (or designee).
TC Program Manager (or designee)	5	<ul style="list-style-type: none"> <li>Review, approve, or modify the <i>Therapeutic Community Summary</i>.</li> <li>Immediately notify reclassification staff. (See SOP <a href="#">303.02.01.001</a>, <i>Classification: Offender</i>, for a description of reclassification staff.)</li> </ul>
TC Team	6	<b>Within three (3) working days, enter the Corrections Integrated System (CIS), and copy &amp; paste the <i>Therapeutic Community Summary</i> into the CIS as a TC Report C-note. (Note: Use the <i>Therapeutic Community Summary</i> format.)</b>
TC Team	7	Place the original copy of the <i>Therapeutic Community Summary</i> into the TC offender's file.
TC Team	8	<b>Within three (3) working days, enter the CIS, OMP module, pathway goals section, and enter the correct discharge (e.g., suspended-refusal). (Note: The actual end date shall be left blank.)</b>
TC Team	9	<b>Within three (3) working days, do one (1) of the following, as applicable:</b>
		<ul style="list-style-type: none"> <li>Enter the CIS, OMP module, <u>TC class section</u>, and enter an end date. (Note: Use the correct end date and exit type [e.g., failed].)</li> <li>Return to the OMP module, <u>TC transition class section</u>, and enter an end date. (Note: Use the correct end date and exit type [e.g., failed].)</li> </ul>
TC Team	10	<b>Within three (3) working days, enter the CIS, OMP module, and enter the correct discharge (e.g., refuse to program). (Note: The end date shall be left blank.)</b>

For further assistance with CIS, see your designated CIS super user.



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**Table 10-8: Removal Process Steps**

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Therapeutic Community (TC) Team	1	If the TC Team considers removing the TC participant from the TC for any of the following reasons, proceed to step 2. <ul style="list-style-type: none"> <li>• A cardinal rule violation;</li> <li>• The inability to meet phase change criteria;</li> <li>• Not following a behavioral contract;</li> <li>• Administrative or security concerns;</li> <li>• Medical or education concerns; or</li> <li>• A change in parole hearing date (PHD).</li> </ul>
TC Team	2	<ul style="list-style-type: none"> <li>• Review with the TC program manager (or designee) the reason(s) for removal, and</li> <li>• Seek verbal approval to continue with removing the participant from the program.</li> </ul>
TC Program Manager (or designee)	3	Verbally approve, modify, or deny the removal. <b>Note:</b> If denied, the process ends here.
TC Team	4	Notify the facility move coordinator for a move placement of the TC participant from the TC unit.
TC Team	5	Call the TC participant into a TC staff meeting and informed him of the following: <ul style="list-style-type: none"> <li>• The reason(s) he is being discharged from the program,</li> <li>• Program requirements, and</li> <li>• A timeline for returning to TC.</li> </ul> <b>Note:</b> The TC participant is officially removed from TC program at this step.
TC Team	6	Complete and submit appendix 5, <i>Therapeutic Community Summary</i> , to the TC program manager (or designee).
TC Program Manager (or designee)	7	Review, approve, or modify the <i>Therapeutic Community Summary</i> , requirements, and return timelines. <b>Note:</b> If the TC participant is in the transition/reentry phase, send a copy of the discharge summary to the deputy chief of the Division of Education and Treatment (or designee).
TC Team	8	<b>Within three (3) working days, enter the Corrections Integrated System (CIS), and copy &amp; paste the <i>Therapeutic Community Summary</i> into the CIS as a TC Report C-note.</b>
TC Team	9	Place the original copy of the <i>Therapeutic Community Summary</i> into the TC offender's file.
TC Team	10	<b>Within three (3) working days, enter the CIS, OMP module, pathway goals section, and enter the correct discharge (e.g., suspended-staff removal). (Note: The actual end date shall be left blank.)</b>

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Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
TC Team	11	<p>Within three (3) working days, do one (1) of the following, as applicable:</p> <ul style="list-style-type: none"> <li>• Enter the CIS, OMP module, <b>TC class section</b>, and enter an end date. (Note: Use the correct end date and exit type [e.g., failed].)</li> <li>• Return to the OMP module, <b>TC transition class section</b>, and enter an end date. (Note: Use the correct end date and exit type [e.g., failed].)</li> </ul>

For further assistance with CIS, see your designated CIS super user.

## 11. Quality Assurance

Audits and program assessments shall be conducted in accordance with directive [607.26.01.005](#), *Quality Assurance for Program Management*.

## REFERENCES

Appendix 1, Therapeutic Community Line of Communication

Appendix 2, Therapeutic Community Job Functions

Appendix 3, Therapeutic Community Staff Competencies

Appendix 4, Therapeutic Community Participation Agreement

Appendix 5, Therapeutic Community Summary

Appendix 6, Therapeutic Community Relapse Prevention Plan

Appendix 7, Therapeutic Community Program Refusal Form

Directive [607.26.01.001](#), *Program Standards Committee, Development and Evaluation*

[Idaho Department of Correction Therapeutic Community Aftercare Manual](#)

*Program Exception Request Form*

Standard Operating Procedure [318.02.01.001](#), *Disciplinary Procedures: Offender*

Standard Operating Procedure [607.26.01.004](#), *Case Planning for Offenders*

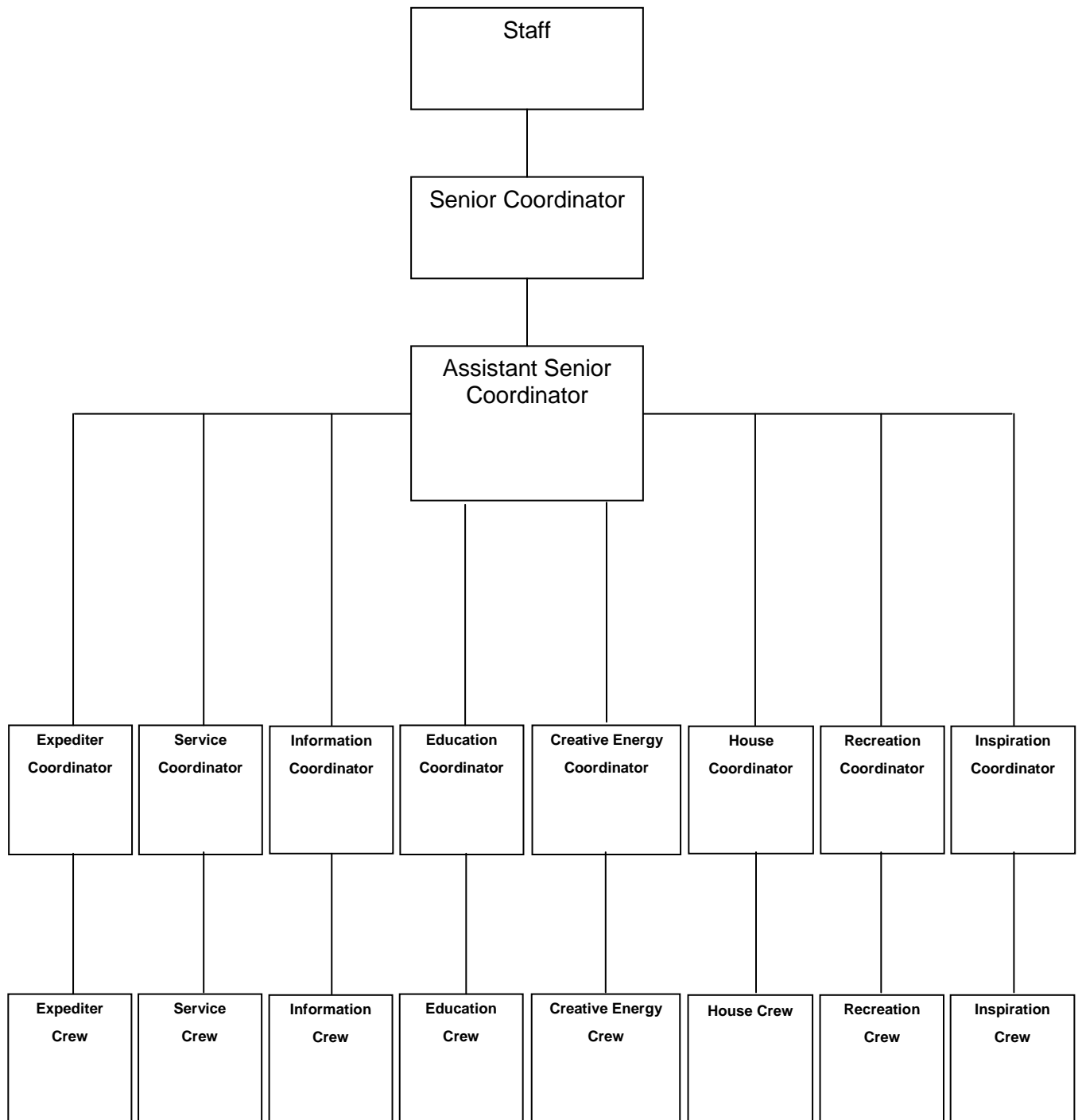
Standard Operating Procedure [607.26.01.010](#), *Offender Assessment*

Standard Operating Procedure [701.04.02.006](#), *Sex Offender Supervision Program and General Sex Offender Supervision Strategies*

Standard Operating Procedure [704.04.02.001](#), *Interstate Compact Agreement*

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**IDAHO DEPARTMENT OF CORRECTION**  
**Therapeutic Community Line of Communication**



## **IDAHO DEPARTMENT OF CORRECTION**

### **Therapeutic Community Job Functions**

#### **Senior Coordinator**

A senior coordinator, while a therapeutic community (TC) participant, is selected based upon personal growth in recovery, ability to demonstrate acceptance, adherence, and accountability to the norms and values of the TC. Senior coordinators have no authority over the crew. Responsibilities include the following:

- Being a role model at all times;
- Being accountable for the overall condition and operation of the TC community and its functions;
- Being the direct line of communication for the TC community to TC staff members and being responsible for keeping TC staff members fully informed on all TC community issues;
- Being responsible for the fluidity of the line of communication; and
- Presides over the AM and PM meetings.

#### **Assistant Senior Coordinator**

An assistant senior coordinator is selected from the TC community. Based on the TC participant's ability to work with others by the use of effective communication skills, responsible concern (i.e., write up's and learning experiences that reflect the intent to teach, not punish), and ability to help create a sense of togetherness in the TC community. The assistant senior coordinator's responsibilities include the following:

- Functioning as the senior coordinator when the senior coordinator is absent;
- Being a role model at all times;
- Acting as the primary support for the senior coordinator by disseminating information to the appropriate coordinators;
- Acting as a gateway between the senior coordinator and the coordinators;
- Functioning as a secretary in daily meetings with TC staff members;
- Organizing intake interviews of new TC participants;
- Organizing peer reviews for TC treatment period reviews.

#### **Expediter Coordinator**

An expediter coordinator and the expediter crew are primarily responsible for upholding the goals, values, principles, and rules of the TC. In addition, the crew ensures the smooth operation of the TC community. The expediter coordinator's responsibilities include the following:

- Ensuring that sign-in sheets document attendance at activities;
- Ensuring that TC participants arrive punctually for activities;
- Announcing the beginning and end of all sessions, including breaks;
- Reminding the TC community about starting times for the next activity;
- Monitoring and confronting individual and TC rule and protocol violations;
- Being accountable to TC staff members for the location and escort of all TC participants at all times; and
- Logging, announcing, and documenting the completion of all learning experiences. (Only a TC staff member can determine if contracts or learning experiences have been satisfactorily completed.)

### **Service Coordinator**

The service coordinator and service crew are responsible for the cleanliness and orderliness of the classrooms. In addition, the service coordinator is responsible for the following:

- Ensuring the cleanliness of the neighborhood;
- Ensuring that meeting/group rooms are setup (chairs, tables, etc.);
- Confronting individuals who have left a mess;
- Ensuring announcements are made at AM and PM meetings;
- Wiping-down tables in the chow hall;
- Cleaning and organizing the linen closet; and
- Doing the laundry.

### **Information Coordinator**

The information coordinator and the information crew coordinate announcements at AM and PM meetings. The information coordinator is responsible for the following:

- Writing and posting the date, thought of the day, recovery word, and prayer/action for the day;
- Writing the daily schedule on the board and updating the board if any changes occur;
- Informing the TC community of any relevant current events (local or national);
- Making any announcements that TC staff member, senior coordinator, or coordinators wish to make, (The information coordinator may make the announcement or ask the requester to make the announcement.);
- Taking minutes at the AM and PM meetings;
- Ensuring that pertinent information is given to any TC participant not present at the meetings;
- Posting pertinent information on the bulletin board;
- Typing the Spirit and Intent Newsletter;
- Tracking the token economy;
- Ensuring program evaluations are completed;
- Ensuring that TC participants have the appropriate colored dots to represent their TC period; and
- Updating the TC Line of Communication board.

### **Education Coordinator**

The education coordinator and education crew assists with education groups and activities. The education coordinator is responsible for the following:

- Planning and checking the schedule for education sessions;
- Overseeing room arrangements and setting up for all education groups (coordinates with the service coordinator);
- Arranging and setting up audiovisual equipment during designated sessions;
- Distributing copies, papers, pens, notebooks, etc.;
- Reviewing educational assignments (as directed by TC staff members);
- Greeting expected guest speakers and ensuring their seating has been arranged;

- Communicating with TC staff members regarding seminar topics that are needed for the TC community;
- Ensuring that Seminar Review Forms are completed; and
- Ensuring that 12-step meetings are arranged and have an appropriate chairperson.

### **Creative Energy Coordinator**

The creative energy coordinator and the creative energy crew are responsible for activities intended to maintain high morale and enjoyment in the TC community. The creative energy coordinator is responsible for the following:

- Scheduling motivational activities for the AM meeting;
- Constructing leisure or social activities;
- Making posters and signs for the group rooms; and
- Creating a monthly schedule for weekend TC community activities.

### **House Coordinator**

The house coordinator and the house coordinator crew monitors the uniformity and sanitary conditions of the home. The house coordinator is responsible for the following:

- Ensuring the home, beds, and personal spaces are kept to TC standards;
- Monitoring whether 'deep cleaning' is being done properly and timely;
- Monitoring the availability of cleaning supplies and distribution;
- Ensuring that the TC staff member break room and restrooms, courtroom, hallways, etc. are clean;
- Monitoring whether daily chores are completed thoroughly and promptly;
- Cleaning the barbershop and janitor closets; and
- Maintaining the Telephone Log.

### **Recreation Coordinator**

The recreation coordinator and the recreation crew creates and coordinates all recreational activities. The recreation coordinator is responsible for the following:

- Planning motivational activities for the TC community during recreation time;
- Elevating the health and enjoyment of recreation as a part of recovery;
- Monitoring the need of recreational supplies; and
- Maintaining a weekly schedule of recreational activities.

### **Inspirational Coordinator**

The inspirational coordinator and inspirational crew are responsible for inspiring the hearts and minds of the TC community. The inspirational coordinator is responsible for the following:

- Reading the recovery thought and word of the day;
- Planning inspirational themes and activities;
- Obtaining the dates of birthdays, graduations, and other recovery milestones and making appropriate cards or activities to recognize the event(s);
- Helping TC participants through the crisis period of their recovery; and
- Updating and maintaining the 'wall of fame.'

**IDAHO DEPARTMENT OF CORRECTION**  
**Therapeutic Community Staff Competencies**

<b>1. Understanding and Promoting Self-help and Mutual-help</b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Include TC participant input into treatment plan	Documentation in file notes and on staffing form.
Encourages TC participant and TC community to support each other	Documentation in file notes and on staffing form, etc.
Uses the Community Model structure to allow TC participant's to get peer feedback	Peer rating form
Allows TC participant and TC community to solve problems	Observation, list of issues taken to the TC community from facilitators
<b>2. Understanding and Practicing Positive Role Modeling</b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Interactions with TC participants are therapeutic in nature at all times	Observation, peer-rating form
Demonstrates behavior that can be imitated by TC participants	Observation, peer-rating form
Participates fully and sincerely in TC staff member process groups as well as other avenues for input (standards group, etc.)	Observation, peer-rating form
<b>3. Understanding Social Learning Versus Didactic Learning</b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Demonstrates responsible concern by use of write-ups and learning experiences that reflect the intent to teach, not to punish	Review of learning experiences
Creates atmosphere where it is safe to make mistakes	Review of learning experiences, sanctions
Allows TC participants to be positive role models by consistently supporting the structure board	Keeps board current, supports line of communication, works with crews
Rewards positive growth	Promotes TC participants through structure board, developing positive rewards.
<b>4. Understanding and Eliminating the Dichotomy of 'we versus they'</b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Refuses to participate in negative contracting	TC staff member survey, use of process group
Uses process group to deal with issues	TC staff member survey, observation of process group.
Allows TC participants to be positive role models by consistently supporting the structure board	Notes corrective behavior in self and recognizes effort in others
<b>5. Understanding and Promoting Upward Mobility and a System of Earned Privileges</b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Gives push-ups and pull-ups to TC participants as needed and appropriate	Review learning experiences & write-ups
Uses objective standards for stage advancement, placement in structure board assignments, rewards, etc.	Following program structure, complete appropriate forms
Sets time frames, assign tasks, and schedules follow up for plans	Review of Staffing Record
Involves the TC community in developing and monitoring the individual's treatment plan	Review of Staffing Record



<b>6. Understanding and Practicing the Concept of ‘Acting as if’</b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Acts as if he believes in TC principles	Observation, TC staff members review forms
Acts as if he is a positive role model every day for the TC participants	Observation, TC staff members review forms
Acts as if he likes co-workers	Observation, TC staff members review forms
Acts as if he trusts co-workers	Observation, TC staff members review forms
Acts as if management supports TC staff members	Observation, TC staff members review forms
<b>7. Understanding and Utilizing the Relationship Between Belonging and Individuality</b>	
<b><u>Staff of Staff</u></b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Shows up for TC staff member staffings	Staffing forms, sign-in
Be open to ideas of other TC staff members	TC staff members review forms
Accepts TC standards: TC staff member & TC participant	TC staff members review forms
Accepts that in a TC all are accountable to each other	TC staff members review forms, follow structure of program
<b><u>Staff of TC Participant</u></b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Encourage TC participant assimilation in the early stages	Follow program structure for stages 1 & 2
Assist TC participant in developing individuality in later stage of program	Follow structure of elder
<b>8. Understanding and Creating a Belief System Within the TC</b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Maintains the beliefs, values, standards, and morals of the TC	Using the language, knowing the structure, knowing and applying the mission statement
Reflects the positive values of the TC	Observation, TC staff members review forms
Reflects societal values that guide and prepare TC participants for a positive lifestyle	Support the structure of the program
Acts as if he trusts co-workers	Observation, TC staff members review forms
Acts as if management supports TC staff members	Observation, TC staff members review forms
<b>9. Understanding and Maintaining Accurate, Timely Records</b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Uses the forms created to document progress (staffing forms, peer/staff evaluations, written pull-up forms, transfer forms, attendance, urinalysis summaries, etc.)	Review of forms
Initiates development of new forms as needed	Use of TC staff member meetings
Keeps Corrections Integrated System (CIS) current	Advises clerical when corrections need to be made
<b>10. Understanding and Facilitating a Group Process</b>	
<b><u>Behavior</u></b>	<b><u>Measure</u></b>
Demonstrates knowledge of the different purposes for facilitated or didactic groups	Observation
Uses facilitated groups as the TC standard, other than in education groups	Observation
Utilizes TC participant leaders to co-facilitate groups	Observation, note co-facilitation at top of sign in sheet

**IDAHO DEPARTMENT OF CORRECTION**  
**Therapeutic Community Participation Agreement**

Achieving maximum potential for recovery requires the full participation of each therapeutic community (TC) participant.

The TC program consists of the following primary elements:

- TC
- Cognitive self-change (CSC)
- Drug and alcohol treatment.

\_\_\_\_\_ I agree to enter the TC program and comply with the TC participant manual.

\_\_\_\_\_ I understand that during the TC probation period (a minimum one [1] month) I will be subject to the following restrictions to help me focus on my recovery issues:

- No commissary, (ten dollars [\$10] spent on commissary per week for hygiene items only);
- No phone or visiting;
- No games (card games, board games, etc.); and
- No radio, magazines, or TV (local news/paper only).

\_\_\_\_\_ I understand that if I voluntarily leave, or get discharged from TC, within the probationary period, I shall be removed from the program and may be transferred to a facility appropriate for my custody level.

\_\_\_\_\_ I understand that after successfully completing the probationary period, if I voluntarily leave or be discharged from TC, I may receive a disciplinary offense report (DOR) in accordance with standard operating procedure (SOP) [318.02.01.001](#), *Disciplinary Procedures: Offender*.

\_\_\_\_\_ I understand that I will be required to complete 12 months of aftercare. I understand that the 12 months is a mandatory portion of the program.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Witness' Signature

IDOC #: \_\_\_\_\_

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

IDAHO DEPARTMENT OF CORRECTION

Therapeutic Community Summary

Participant's Name: \_\_\_\_\_

IDOC#: \_\_\_\_\_

Summary Type: \_\_\_\_\_

Date: \_\_\_\_\_

**Therapeutic Community (TC) Progress**

Is the TC participant an observer, participant, or member? Booking slips have been written by?  
Level of participation in confrontation/encounter? TC participant's Line of Communication  
position? \_\_\_\_\_

\_\_\_\_\_

**Cognitive Self-change (CSC) Progress**

Level of CSC? On task with program or not? Skill at current level? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Relapse Prevention Group (RPG)**

TC participant's level of understanding? How much of a relapse plan has been completed?  
Active use of RPG? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attitude**

TC participant's current outlook on program/recovery? How other TC staff members & the TC  
community view the TC participant? How the TC participant views himself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Significant Events**

Any event that may affect the course of treatment, crisis, legal, etc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Need Areas**

Anger, confrontation, lack of participation, attitude, focus outside of program, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Learning Experiences**

To address need area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommendations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appendix 5

607.26.01.011

(Appendix last updated 10/31/09)

**IDAHO DEPARTMENT OF CORRECTION**  
**Therapeutic Community Relapse Prevention Plan**

Participant's Name: \_\_\_\_\_

IDOC#: \_\_\_\_\_

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**Aftercare Plan**

Aftercare District/Provider: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Day/Time of Group: \_\_\_\_\_

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The quality of my recovery will depend on how willing I am to put forth effort in the following areas: physical recovery, psychological recovery, relapse prevention, support resources, social recovery, leisure time activities, and stress management.

**Physical Recovery**

What you eat can affect how you think, feel, and act. Many chemically dependent people find that they feel better if they eat three well-balanced meals per day. Doing exercise each day will help your brain recover and help you feel better about yourself. This is what I plan to do for my physical recovery:

***Nutrition***

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***Exercise Plan***

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**Psychological Recovery**

I need to learn to cope with emotions, especially uncomfortable feelings like anger, fear, guilt, etc.

***This is what happens to me physically when I experience uncomfortable feelings:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***The most difficult feelings for me to express or cope with are:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***Ways that I can deal with these feelings are:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### **Relapse Prevention**

***My five most important relapse warning signs are:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***When I recognize these danger signs, this is the way I plan to handle them:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***When I recognize these danger signs, I can call the following people:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **Support Resources**

This is the area where the agencies or individuals that support your local community re-integration are defined. (Organizations such as 12-step support, faith based support groups, agencies such as vocational rehabilitation, etc.)

***List names of agencies/individuals along with contact information:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **Social Recovery**

This is one of the most difficult areas for people in recovery. Friends are a big part of life and most of us need to “fit in” somewhere. You have to re-evaluate many relationships and ask some important questions.

***Are there people I need to avoid?***

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, who?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***The following are healthy individuals that will be supportive (for example family and friends):***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***The following is where I plan on meeting healthy people:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***The following are situations or places I need to avoid:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***What will I do if someone brings alcohol or drugs into my house?***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Leisure Time Activities

*The following are the leisure activities I can do sober:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*The following are new recreational activities I plan to start in the next six months:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Stress Management

*I know my stress level is too high when:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*I know my stress level is a warning sign for relapse when:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



***I plan on using the following stress management techniques:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I fully recognize that recovery from addiction is an ongoing process that requires continuing support. It is not a condition reached at the end of my treatment in the therapeutic community (TC). I agree to share this plan with my support group and parole officer.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

**IDAHO DEPARTMENT OF CORRECTION**  
**Therapeutic Community Program Refusal Form**

\_\_\_\_\_ I am voluntarily leaving the program at this time.

\_\_\_\_\_ I understand that voluntarily leaving the program shall make me ineligible for the program for a minimum of 90 days from the date of my discharge.

\_\_\_\_\_ I understand that leaving this program is against my program plan.

\_\_\_\_\_ I understand that the Commission of Pardons and Parole shall be notified of my leaving the program.

\_\_\_\_\_ I understand that leaving the program may affect housing placement within the Idaho Department of Correction (IDOC).

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
IDOC #

\_\_\_\_\_  
Staff's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Staff's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**Witnesses:** I personally witness the offender's refusal to sign this form.

\_\_\_\_\_  
Witness #1's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness #2's Printed Name

\_\_\_\_\_  
Signature